

Vonda M. Wallace
Parolelogist Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/856319

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
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11		6				
12		6				
13		2				
14		4				
15		0				
16	1					
17		1				
18		1				
19	1					
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TOTAL D.	12					
TOTAL EP.	69					
TOTAL AIMS	81					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						

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